Vital Flow PLLC

Consent for Bioidentical Hormone Supplementation Therapy

I request and consent to the administration of bioidentical hormones and oral supplements and authorize that these will be prescribed by the nurse practitioner of Vital Flow. I acknowledge that there are no guarantees or assurances made with respect to the benefit of hormone supplementation therapy prescribed for me.

I understand that I will be in charge of injecting/administering these bioidentical hormones and supplements prescribed to me. I will conform and comply with the recommended doses and methods of administration.

I understand that initial blood tests will be performed to establish my baseline hormone levels. I agree to comply with requests for ongoing testing to assure proper monitoring of my hormone levels. I agree to report to the nurse practitioner any adverse reaction or problems that might be related to my hormone therapy. I understand that with hormone supplementation there are possible risks and complications if I don't comply with the recommended dosage.

I have not been promised or guaranteed any specific benefit from the administration of this therapy. I understand that hormone supplementation for rejuvenation purposes is a new speciality and there are no guarantees with respect to the treatment prescribed.

I understand that the role of the nurse practitioner is for hormone replacement only. I agree that I am and will be under the care of another physician for all other medical conditions.

I have been informed that insurance companies and Medicare/Medicaid do not pay for hormone supplementation therapy generally but can submit. I therefore agree to pay for all services including laboratory and pharmacy charges myself, with the understanding that I will not be reimbursed by my insurance company.

I have read and understand all of the above consent.

Patient's signature:_____ Date:_____

Nurse practitioner:_____ Date:_____